



Iowa Department of Human Services

INFORMATIONAL LETTER NO.1941-MC-FFS-D

DATE: August 27, 2018

TO: Iowa Medicaid Dentists, Federally Qualified Health Centers (FQHC), and Indian Health Services (IHS)

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS), Dental

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Annual Dental Benefit Maximum (ABM) and Excluded ABM Dental Services

EFFECTIVE: September 1, 2018

Annual Benefit Maximum

Beginning September 1, 2018, every adult Medicaid member, age 21 and older, will have a one thousand dollar (\$1,000) ABM each State Fiscal Year (July 1 – June 30). The IME has created a process for a daily file exchange of claim information between the dental benefit administrators (Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA)) to track the ABM of members enrolled in the Dental Wellness Plan (DWP). This will allow dental benefit administrators to have reliable ABM amounts that can accurately be shared with members and providers.

For information regarding a member's ABM accrual, providers are encouraged to reach out the respective dental benefit administrator or call the Eligibility and Verification Information System (ELVS) line at 800-338-7752 or 515-323-9639 in the Des Moines area. Providers may also view ABM information by accessing the [ELVS web portal](#)¹.

Similar to commercial dental plans, the ABM amount is updated when a claim is paid, rather than when the service was provided. Therefore, to ensure accurate ABM tracking and facilitation of claims payment, providers are encouraged to submit claims timely. The IME also encourages providers to help member's track and prioritize their oral health needs for treatment planning purposes.

Once a provider has confirmed the ABM has been reached and prior to rendering services, providers must advise the member that they will be responsible for paying the Medicaid reimbursement rate for qualifying services that exceed their ABM. In this situation, providers will be required to have documentation on file that includes the out-of-pocket amount due from the member prior to services being rendered. For those services provided that exceed the member's ABM, a provider may only collect up to the Medicaid rate for services customarily covered by Medicaid. However, a provider may charge the member his/her full service fee for any service that falls outside of the services normally covered by Medicaid.

¹ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

Excluded Services from ABM

There are exclusions to a member's \$1,000 ABM. A comprehensive list of codes excluded from a member's ABM can be found on the [Dental Wellness Plan Provider Resources webpage](#)².

Emergent Dental Services

Emergent codes are **not** included in a member's ABM. The codes that qualify as emergent services are consistent between FFS, DDIA and MCNA. Emergent care is defined in Iowa Administrative Code rule 441-88.21 as:

The existence of a condition due to an illness or injury which are not life threatening but which require expeditious treatment because of the prospect of the condition worsening without immediate clinical intervention.

As emergent codes can also be provided in non-emergent situations, providers will need to provide detail of when services are being provided under the ABM excluded category of emergent dental services. The billing instructions within this letter are specific to IME FFS claims. Please contact the appropriate dental benefit administrator with questions on how to bill them for emergent services for patients covered by either DDIA or MCNA.

Billing the IME for Emergent Services

For both electronic and paper claims submitted to the IME for emergent services, the ADA 2012 Claim form must contain the following information:

- ICD-10 diagnosis code qualifier AB must be included in box 34.
- In box 34a, the Diagnosis Code on line A should be S00.502A.

Providers must document the emergent care in the member's dental record but no additional information is required. This documentation shall include a diagnosis with signs and symptoms, description of the treatment provided, and post-operative instructions and prescriptions.

For more information on how to submit dental claims, you may visit the [Claim Forms and Instructions webpage](#)³.

Other Excluded Services

Other services excluded from a member's ABM include certain preventive and diagnostic services. Additionally, sedation in conjunction with approved oral surgery procedures and services for the fabrication of dentures and partial dentures are excluded from a member's ABM.

There is no unique billing required for these services.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.

² <https://dhs.iowa.gov/dental-wellness-plan/resources/provider-resources>

³ <https://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>